**(Complete all areas denoted in brackets [ ] and in bold)**

**ASBESTOS SURVEY REPORT**

Name of the Facility Owner or Operator: **[Name]**

Owner or Operator Phone Number: **[phone #]**

**SURVEY PERFORMED BY**

Name of Accredited Inspector**: [Name]**

Certification Number/Expiration Date: **[Inspector Certification # and Expiration Date]**

Company Name: **[Name]**

Phone number: **[Phone #]**

Email: [**email address]**

# SUMMARY

On **[Date(s) survey was performed]** an asbestos survey was performed by an AHERA accredited inspector. The inspection was performed on the property located at:

**Site address:** **[address, city, state, zip code]**

**Location\* at the address where the survey was performed:** **[list all location(s) surveyed]**

\* Location – a facility address can have more than one building or structure. List all the location(s) at the address where the asbestos survey was performed e.g. residence only, building 22, apartments 100-105, warehouse #5, etc.

**Areas\*\* surveyed:** **[list all areas surveyed]**

\*\* Areas – List all the specific rooms/areas surveyed e.g. throughout interior and exterior, throughout interior only, 1st and 2nd floors, basement only, etc.

Samples of suspect asbestos-containing materials were collected during the survey. Samples were analyzed for asbestos content using polarized light microscopy. This report provides a table of asbestos-containing materials and presumed asbestos-containing materials. In addition, the laboratory asbestos bulk sample results, completed chain of custody form and inspector(s) accreditation certificate(s) are attached to the report.

# PURPOSE

This survey was performed to uncover potential sources of asbestos-containing materials. The survey was requested for the purpose of:

**Demolition: [identify if complete facility demolition or partial facility demolition]**

**Renovation:** **[identify if comprehensive facility renovation or limited in scope facility renovation]**

**Remediation:** **[identify if remediation is due to fire damage, water damage, etc.]**

# FACILITY DESCRIPTION (check facility type)

**Type of Facility:**

🞎 Residence (4 units or less) 🞎 Apartments 🞎 School 🞎 Hospital

🞎 Commercial 🞎 Industrial

**Year Built:** **[**list approximate construction date**]**

**Square footage of facility:** **[**list approximate square footage**]**

**Number of floors: [**list number of floors**]**

**Current Use:** **[**e.g. Single Family Residence, apartments, office building, etc.**]**

**Past Use:** **[**e.g. Single Family Residence, Doctor’s office, commercial, etc.**]**

# POSITIVE BULK SAMPLE RESULTS

**Asbestos-containing materials and presumed asbestos-containing materials**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Material Sampled** | **Material Color/texture/**  **pattern** | **Location**  **In Facility1** | **Friable or**  **Nonfriable** | **% and Asbestiform** | **Approx. Square ft. or Linear ft.2** | **Material Condition3** |
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1. List the location(s) of the where the samples were collected.
2. List the approximate quantity of ACM located for the area being surveyed or for the facility if for a complete renovation or demolition project.
3. In Good Condition or In Poor Condition - ***In Poor Condition*** is defined as the binding of the material is losing its integrity as indicated by peeling, cracking, or crumbling of the material. OAR 340-248-0010(25)

🞎 **No ACM was identified during the survey. (mark if applicable)**

# SAMPLING METHODOLOGY

This survey was performed using sampling protocols adopted from the Asbestos Hazard Emergency Response Act (AHERA) and modified to meet Oregon DEQ asbestos survey and report requirements found in OAR 340-248-0270.

1. Areas in the facility were grouped into homogeneous areas based on use or same type of building materials used in that area; e.g. wall texture, etc.

1. Each specified area was sampled for materials which were identified as suspect asbestos-containing materials.
2. When sampling, all samples were collected to the maximum extent possible (taken to substrate) to ensure all components were present in sample which might include asbestos.
3. A minimum of one (1) bulk sample for each homogeneous material suspected of being asbestos-containing material was collected. OAR 340-248-0270(3)(a)
4. A minimum of three (3) random bulk samples for each homogeneous sprayed or troweled on material were collected. OAR 340-248-0270(3)b)
5. Samples were numbered using a sequential numbering system to ensure quality control.
6. Analysis of samples was performed by a laboratory that participates in a nationally recognized accreditation program for asbestos testing, or participates in, and maintains passing status in a nationally recognized bulk sample asbestos proficiency testing program. OAR 340-248-0270(3)(c)

## RECOMMENDED RESPONSE ACTION(S)

### Demolition Projects:

All friable asbestos-containing materials must be properly abated (handled, removed, and disposed) by a DEQ licensed asbestos abatement contractor prior to any demolition activity. Nonfriable material may be removed by a contractor or individual who is not a licensed asbestos abatement contractor as long as it maintains its nonfriable condition. Notification, packaging, and disposal requirements still apply to nonfriable material.

### Renovation/Remediation Projects:

Any friable asbestos-containing materials that will be impacted by renovation/remediation activities must be properly abated (handled, removed, and disposed) by a DEQ licensed asbestos abatement contractor prior to any renovation/remediation activity. Nonfriable material may be removed by a contractor or individual who is not a licensed asbestos abatement contractor as long as it maintains its nonfriable condition. Notification, packaging, and disposal requirements still apply to nonfriable material.

Any material(s) encountered not specifically mentioned in this report must be considered asbestos-containing material until sufficient sampling has been completed to determine that the material(s) are non-asbestos.

# LIMITATIONS

This report applies only to the specific subject property, location and area detailed above. While areas specified by the customer were surveyed and materials sampled, areas behind walls and/or covered by structural members, or materials requiring destructive means to access which could not be found with reasonable diligence were not sampled during the survey. There can be hidden crawl spaces and cavities that were not surveyed. Any areas not specified to be surveyed cannot be assumed to be free of asbestos as no survey was performed to determine the presence of asbestos-containing materials in these areas.

# SURVEY REGULATORY COMPLIANCE

The intent of the asbestos survey is to comply with the State of Oregon asbestos survey and report requirements found in OAR 340-248-0270(1)-(3).

A copy of the complete asbestos survey report must be kept onsite at the facility during all renovation or demolition activity, including during any asbestos abatement project. DEQ can request a copy of the asbestos survey report and a complete copy of the asbestos survey report must be provided. OAR 340-248-0270(2).

A complete copy of the asbestos survey report must be provided to the asbestos abatement contractor involved during the renovation or demolition project.

## ATTACHMENTS

**Attach the following required documents to complete the report**

Valid Accredited Inspector Certificate(s)

Completed Chain of Custody form

Bulk Sample Analysis Results

## DEFINITIONS (per DEQ rules)

**Accredited Inspector** – means a person who has completed training, received accreditation, and maintains valid accreditation under 40 C.F.R. Part 763 Subpart E, Appendix C. OAR 340-248-0010(1)

**Asbestos Abatement Project** – means a demolition, renovation, repair, construction, or maintenance activity of a facility that involves the repair, enclosure, encapsulation, removal, salvage, handling, or disposal of asbestos-containing material with the potential of releasing asbestos fibers from asbestos-containing material into the air. OAR 340-248-0010(6)

**Asbestos-containing material** – means a material containing more than one-percent asbestos by weight. OAR 340-248-0010(8)

**Demolition** – means wrecking or removing a load-supporting structural member of a facility together with related handling operations or the intentional burning of a facility. OAR 340-248-0010(18)

**Facility** – means all or part of a public or private building, structure, installation, equipment, vehicle, or vessel, including but not limited to ships. OAR 340-248-0010(20)

**Friable** – means asbestos-containing material that when dry can be crumbled, pulverized, or reduced to powder by hand pressure or by the forces expected to act upon the material in the course of demolition, renovation, transportation, or disposal. OAR 340-248-0010(21)

**Nonfriable** – means asbestos-containing material that is not friable. When dry, nonfriable asbestos material cannot be crumbled, pulverized, or reduced to powder by hand pressure or by the forces expected to act on the material in the course of demolition, renovation, transportation, or disposal. OAR 340-248-0010(32)

**Owner or Operator** - means a person who owns, leases, operates, controls, or supervises the facility undergoing demolition or renovation or a person who owns, leases, operates, controls, or supervises the demolition or renovation operation, or both. OAR 340-248-0010(34)

**Renovation** – means altering one or more facility components. Renovation includes replacing, stripping, or repairing facility components, such as mechanical ventilation systems, pipes, ceilings, walls, flooring, and insulating materials. Operations in which load-supporting structural members are wrecked or removed are excluded. OAR 340-248-0010(39)

# DEQ Asbestos Program contacts

Please contact DEQ regional asbestos program representatives with any questions regarding asbestos requirements:

* **Portland:** 503-229-5982 or [deq.nwrasbestos@deq.oregon.gov](mailto:deq.nwrasbestos@deq.oregon.gov)
* **Salem:** 503-378-5086 or [dottie.boyd@deq.oregon.gov](mailto:dottie.boyd@deq.oregon.gov)
* **Medford:** 541-776-6107 or [jennifer.horton@deq.oregon.gov](mailto:jennifer.horton@deq.oregon.gov)
* **Coos Bay:** 541-269-2721 ext. 222 or [martin.abts@deq.oregon.gov](mailto:martin.abts@deq.oregon.gov)
* **Bend:** 503-633-0493 or [erik.shafer@deq.oregon.gov](mailto:erik.shafer@deq.oregon.gov)
* **Pendleton:** 541-278-4626 or [tom.hack@deq.oregon.gov](mailto:tom.hack@deq.oregon.gov)
* **Lane Regional Air Protection Agency** (Lane County): 541-736-1056 ext. 240 or [aaron@lrapa.org](mailto:aaron@lrapa.org)